

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS  | ID NO. | DATE    |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION   | <i>mc</i> |        | 12/30   |
| O.I.P.E. CLASSIFIER |           | 10     | 1-4-99  |
| FORMALITY REVIEW    | <i>J</i>  | 71531  | 1-25-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim          | Date  |
|----------------|-------|
| Final Original |       |
| 1              | 9/2   |
| 2              | 24/20 |
| 3              | 29/00 |
| 4              | ✓     |
| 5              | ✓     |
| 6              | ✓     |
| 7              | ✓     |
| 8              | ✓     |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here